STATEMENT OF

FORM 1	ORGANIZATIO (See instructions)	ON		effect upg only
NAME OF COMMITTEE (in the community of the community	(Check if name Exa	ample: If typying, type or the lines	12FE4M5	ffice use only
OSI Restauran	t Partners, LLC Political Action Comm	ittee 		
	2202 N. Westshore Blvd.			
ADDRESS (number and s	treet)			
(Check if address is changed)	5th Floor Tampa		<u> </u>	33607
	CITY	.	STATE	ZIP CODE ▲
COMMITTEE'S E-MAI (Check if address is changed)	L ADDRESS (Please provide only one e-mail add	*		
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)				
2. DATE 0.3	7 D D 7 Y Y Y Y Y Y Y 2 0 0 9			
3. FEC IDENTIFICA	TION NUMBER C C0	0253153		
4. IS THIS STATEM	ENT NEW (N) OR	AMENDED (A)		
•	ned this Statement and to the best of my knowledge a	and belief it is true, correct and	complete	
Type or Print Name of Signature of Treasurer	Electronically Filed by Mr. Joseph J. Ka	adow [Date 03	27 Y 2009
NOTE: Submission of fal	se, erroneous, or incomplete information may subject		•	of 2 U.S.C. S437g.
Office Use Only		For further information of Federal Election Commissi Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)